SCHEDULE E)	PAGE 1 OF 11 FOR SE OF FORM 24/48			
SIERRA CLUB INDEPENDENT ACTION	DENTIFICATION NUMBER ▼			
С	C00483693			
Check If $X$ 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee  Mark Bettinger  Date				
09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 85 Washington St.  Amount				
City State Zip Code	75.32			
Saratoga Springs NY 12866 Transaction	ID : SE.6197			
Purpose of Expenditure Salaries & Benefits  Category/ Type  Office Sought:	House State: CA Senate District: 07			
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———			
DANIEL E. LUNGREN Check One:	Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 500716.47 Disbursement For 2012 Other (s	r: Primary General			
Full Name (Last, First, Middle Initial) of Payee Date				
Mark Bettinger	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 85 Washington St.				
Amount				
City State Zip Code Saratoga Springs NY 12866	188.31			
Purpose of Expenditure Category/ Office Sought:	NID: SE.6175  House State: TX			
Salaries & Benefits Type 001	Senate District: 23			
Name of Federal Candidate Supported or Opposed by Expenditure:  Check One:	President Oppose			
TRANCISCO RADE QUICO CANSECO				
Calendar Year-To-Date Per Election for Office Sought 74976.49 Disbursement For 2012 Other (s	r: Primary General			
(a) CURTOTAL of Itemized Independent Europeditures	202.02			
(a) SUBTOTAL of Itemized Independent Expenditures	263.63			
(b) SUBTOTAL of Unitemized Independent Expenditures	7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall [Electronically Filed] Date 10 18				
Signature	2012			

SCHEDULE E)	PAGE 2 OF 11 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
SIERRA CLUB INDEPENDENT ACTION	C C00483693			
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Mark Bettinger	M M / D D / Y Y Y Y Y			
Mailing Address 85 Washington St.	10 15 2012			
City State Zip Code	Juli			
Saratoga Springs NY 12866	188.31 saction ID : SE.6179			
Purpose of Expenditure Salaries & Benefits Category/ Type 001	ught: House State: TX			
	President District: 23			
Name of Federal Candidate Supported or Opposed by Expenditure:  PETE GALLEGO  Check On	e: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 75176.93 Disbursem	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee  Courtney Hight	M M / D D / Y Y Y Y			
Mailing Address 50 F St. NW, 8th Floor	09 30 2012			
Amo	ount			
City State Zip Code	53.10			
	saction ID : SE.6199			
Purpose of Expenditure Salaries & Benefits  Category/ Type  Office Sou	Senate District: 16			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
JAMES B RENACCI Check On	e: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 1175.45 Disbursem	nent For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	241.41			
(b) SUBTOTAL of Unitemized Independent Expenditures	7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall  [Electronically Filed] Date 10	/ D D / Y D Y D Y D Y D Y D Y D Y D Y D			
Signature				

SCHEDULE E)	PAGE 3 OF 11 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
SIERRA CLUB INDEPENDENT ACTION	C C00483693			
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Courtney Hight	ate			
Mailing Address 50 F St. NW, 8th Floor	09 30 2012 mount			
City State Zip Code	mount			
Washington DC 20001	53.10			
Purpose of Expenditure Salaries & Benefits  Category/ Type  Office S	_			
Name of Federal Candidate Supported or Opposed by Expenditure:  DANIEL E. LUNGREN  Check (	President  One: Support Oppose			
Calendar Year-To-Date Per Election 630531.92 Disburse 2012	ement For: Primary General  Other (specify)			
Full Name (Last, First, Middle Initial) of Payee  Courtney Hight	ate			
Mailing Address 50 F St. NW, 8th Floor	10 15 2012 mount			
	mount			
City State Zip Code Washington DC 20001	53.10 ansaction ID : SE.6170			
Purpose of Expenditure Salaries & Benefits  Category/ Type  Office S				
Name of Federal Candidate Supported or Opposed by Expenditure:  DANIEL E. LUNGREN  Check (	President  One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General  Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	106.20			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall  [Electronically Filed] Date 10	18 2012			
Signature				

SCHEDULE E)	PAGE 4 OF 11 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
SIERRA CLUB INDEPENDENT ACTION	C C00483693			
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Courtney Hight	M = M   / D = D   / Y = Y = Y = Y			
Mailing Address 50 F St. NW, 8th Floor	10 15 2012 ount			
	Ourit			
Washington DC 20001	26.55 saction ID : SE.6173			
Purpose of Expenditure Salaries & Benefits  Category/ Type 001  Office Soil	_			
Name of Federal Candidate Supported or Opposed by Expenditure:  FRANCISCO RAUL QUICO CANSECO  Check Or	President  e: Support X Oppose			
Calendar Year-To-Date Per Election T4260.25 Disbursen 2012				
	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee  Courtney Hight	M M / D D / Y Y Y Y			
Mailing Address 50 F St. NW, 8th Floor	10 15 2012			
Am	ount			
City State Zip Code Washington DC 20001	26.55			
Purpose of Expenditure Salaries & Benefits  Category/ Type 001  Office Sol	Senate Surviv			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 23			
PETE GALLEGO Check Or	ne: X Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disbursen 2012	nent For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	53.10			
	7 7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall  [Electronically Filed] Date 10	18 2012			
Signature				

SCHEDULE E)	PAGE 5 OF 11 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
SIERRA CLUB INDEPENDENT ACTION	C C00483693			
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Maggie Kao	M M / D D / Y Y Y Y			
Mailing Address 50 F St., NW	09 30 2012 nount			
City State Zip Code	iount			
Washington DC 20001	237.48 nsaction ID : SE.6196			
Purpose of Expenditure Salaries & Benefits  Category/ Type  Office Sc				
Name of Federal Candidate Supported or Opposed by Expenditure:  DANIEL E. LUNGREN  Check O	President  One: Support X Oppose			
Calendar Year-To-Date Per Flection  Disburse	ment For: Primary X General			
for Office Sought 630953.95 2012	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee  Mack Crounse Group LLC	M M / D D / Y Y Y Y			
Mailing Address 2001 N. BeaureGard Street	10 02 2012			
Suite 420	nount			
City State Zip Code Alexandria VA 22311	1500.00 nsaction ID : SE.6168			
Purpose of Expenditure Consults - Direct Mail  Category/ Type  Office Sc				
Name of Federal Candidate Supported or Opposed by Expenditure:  LAMES R RENACCI  Check O	President			
JAIVILS B RENACCI				
Calendar Year-To-Date Per Election for Office Sought 57425.45 Disburse	ment For: Primary General  Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	4727.40			
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	1737.48			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall  [Electronically Filed] Date 10	18 2012			
Signature				

SCHEDULE E)	PAGE 6 OF 11 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
SIERRA CLUB INDEPENDENT ACTION	C C00483693			
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Mack Crounse Group LLC	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2001 N. BeaureGard Street				
Suite 420 Amo	punt			
City State Zip Code	1500.00			
Alexandria VA 22311 Trans	saction ID : SE.6169			
Purpose of Expenditure Consultants - Direct Mail  Category/ Type  Office Sou	ght: House State: IL Senate District: 17			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
ROBERT T. SCHILLING Check One				
Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	ent For: Primary General  Other (specify)			
Full Name (Last, First, Middle Initial) of Payee  Trey Pollard  Date	M = M / D = D / Y = Y = Y			
Mailing Address 50 F Street, NW, Eighth Floor	09 30 2012			
Amo	ount			
City State Zip Code	218.45			
	saction ID : SE.6195			
Purpose of Expenditure Salaries & Benefits Category/ Type 001 Office Sou	Senate District: CA    CA   CA   CA   CA   CA   CA   CA			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
DANIEL E. LUNGREN Check One	e: Support X Oppose			
Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	nent For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1718.45			
(b) CURTOTAL of Unitersized Independent Funerality as				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall  [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature Date 10	10 2012			

SCI	HEDULE E)	PAGE 7 OF 11 FOR SE OF FORM 24/48			
	ME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
SI	ERRA CLUB INDEPENDENT ACTION	C C00483693			
Che	eck If X 24-hour report 48-hour report New report Amends report file	d on			
Т	Full Name (Last, First, Middle Initial) of Payee	Date			
1	Trey Pollard	M   M / D   D / Y   Y   Y   Y			
ŀ	Mailing Address 50 F Street, NW, Eighth Floor	. 09 30 2012			
1		Amount			
- 1	City State Zip Code	48.55			
L	Washington DC 20001	Transaction ID : SE.6201			
1	Purpose of Expenditure Salaries and Benefits  Category/ Type 001	ce Sought: House State: IL			
L		Senate District: 17 President			
1	Name of Federal Candidate Supported or Opposed by Expenditure:  ROBERT T. SCHILLING  Che	eck One: Support X Oppose			
╁					
	Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify)			
ı	Full Name (Last, First, Middle Initial) of Payee	Date			
1	Trey Pollard	10 15 2012			
ľ	Mailing Address 50 F Street, NW, Eighth Floor	10 10 2012			
		Amount			
- 1	City State Zip Code Washington DC 20001	72.82			
- 1-		Transaction ID : SE.6172 ce Sought: House State: OH			
1	Purpose of Expenditure Salaries & Benefits  Category/ Type 001	ce Sought: House State: OH Senate District: 16			
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:	President			
1		eck One: Support Oppose			
ı	Calendar Year-To-Date Per Election Dis	bursement For: Primary X General			
	for Office Sought 57587.78 2012	Other (specify)			
-	a) SUBTOTAL of Itemized Independent Expenditures	404.07			
(	a) SUBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	121.37			
(1	b) SUBTOTAL of Unitemized Independent Expenditures				
,	a) TOTAL Independent Evpenditures				
(	(c) TOTAL Independent Expenditures				
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Catherine Duvall	"M / D D / Y Y Y Y			
	Signature [Electronically Filed] Date	10 18 2012			

(SCH	IEDULE E)			PAGE 8 FOR SE OF	OF 11 FORM 24/48
	TE OF COMMITTE (In Full)		F	EC IDENTIFICAT	ON NUMBER ▼
SIE	ERRA CLUB INDEPENDENT ACTION			C C00483693	
Che	ck If X 24-hour report 48-hour report New report Ame	ends repo	rt filed on	M / D D /	Y   Y   Y   Y   Y
	Full Name (Last, First, Middle Initial) of Payee		Date		
- [	Trey Pollard		M	M / D D /	YYYY
N	Mailing Address 50 F Street, NW, Eighth Floor			0 15	2012
L	21.0.1		Amount		
	City State Zip Code Washington DC 20001			· · · · · ·	12.13
	Durnoss of Evnanditure		Transact Office Sought	ion ID : SE.6176 House	State: TX
		001	Omoc Godgin	Senate	District: 23
	Name of Federal Candidate Supported or Opposed by Expenditure:		Ohaali Oaai	President	<b>X</b> 0
	FRANCISCO RAUL QUICO CANSECO		Check One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 74988.6	52	Disbursement 2012 Other	For: Primary er (specify)	General
F	Full Name (Last, First, Middle Initial) of Payee		Date	· -	
-   -	Trey Pollard		М	M / D D /	YYYY
	Mailing Address 50 F Street, NW, Eighth Floor			0 15	2012
	o cases, in, Lighan ion		Amount		
	City State Zip Code				12.14
٧	Vashington DC 20001		Transac	tion ID : SE.6181	12.17
F	Purpose of Expenditure Salaries & Benefits  Category/ Type	001	Office Sought		State: TX District: 23
N	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	PETE GALLEGO		Check One:	X Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 75215.6	32	Disbursement 2012 Othe	For: Primary	General
(a	) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	7	24.27
(b	) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	7 7	
(с	) TOTAL Independent Expenditures				
				7 7	- 45
wi	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Catherine Duvall [Electronically Filed]	Date:	M M /		Y Y
	Signature	Date	10	18 20	12

SCHEDULE E)	PAGE 9 OF 11 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full) SIERRA CLUB INDEPENDENT ACTION	FEC IDENTIFICATION NUMBER ▼  C C00483693			
Check If X 24-hour report 48-hour report New report Amends report fill	ed on M=M / D=D / Y=Y=Y=Y			
Full Name (Last, First, Middle Initial) of Payee Trey Pollard  Mailing Address 50 F Street, NW, Eighth Floor	Date 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City State Zip Code Washington DC 20001	Amount  24.27  Transaction ID : SE.6202  ffice Sought: House State: CA			
Salaries & Benefits 001  Name of Federal Candidate Supported or Opposed by Expenditure:	House State: CA Senate District: 07 President  Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 631249.77	sbursement For: Primary General  Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Sierra Club  Mailing Address 85 2nd St., 2nd Floor	Date  M 10  17  Amount			
City State Zip Code San Francisco CA 94105	150.00 Transaction ID : SE.6184			
Web Endorsement Category/ Type 011  Name of Federal Candidate Supported or Opposed by Expenditure:	House State: IL Senate District: 17 President  Support Oppose			
	sbursement For: Primary General			
(a) SUBTOTAL of Itemized Independent Expenditures	174.27			
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall [Electronically Filed] Date	10 18 2012			

SCHEDULE E)	PAGE 10 OF 11 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)				
SIERRA CLUB INDEPENDENT ACTION	FEC IDENTIFICATION NUMBER ▼			
OLEKTON GEOD INDET ENDERT NOTION	C C00483693			
Check If X 24-hour report 48-hour report New report Amends report filed on	- M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Lisa Turner	/ M / D D / Y Y Y Y			
Mailing Address 50 F St. NW, 8th Floor	09 30 2012			
Amou	nt			
City State Zip Code	109.23			
Washington DC 20001	ction ID : SE.6198			
Purpose of Expenditure Salaries and Benefits Category/ Type 001	ht: House State: CA			
	President District: 07			
Name of Federal Candidate Supported or Opposed by Expenditure:  DANIEL E. LUNGREN  Check One:	<u> </u>			
Calendar Year-To-Date Per Election for Office Sought Disburseme				
Tot Office Sought	ther (specify)			
Full Name (Last, First, Middle Initial) of Payee Lisa Turner  Date	W W / D D / Y Y Y Y			
	10 15 2012			
Mailing Address 50 F St. NW, 8th Floor				
Amou	int			
City State Zip Code Washington DC 20001	36.41			
Transa Office Source	ht: House State: OH			
Purpose of Expenditure Salaries & Benefits  Category/ Type  Office Soug	House State. OH Senate District: 16			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
JAMES B RENACCI Check One:	Support Oppose			
Calendar Year-To-Date Per Election  Disburseme 57514.96  2012	nt For: Primary General			
for Office Sought 57514.90	ther (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	145.64			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Catherine Duvall  [Electronically Filed] Date 10	D D / Y Y Y Y			
Signature [Electronically Filea] Date 10	18 2012			

(SC	HEDULE E)			PAGE 11 FOR SE OF	OF 11 FORM 24/48
	ME OF COMMITTE (In Full)		FEC	DENTIFICATION	ON NUMBER ▼
SI	ERRA CLUB INDEPENDENT ACTION		С	C00483693	
Ch	eck If X 24-hour report 48-hour report New report Amends repo	rt filed on	М = М	/ D D /	Y = Y = Y
Т	Full Name (Last, First, Middle Initial) of Payee				
	Lisa Turner	D	ate	/ D D /	Y Y Y Y Y
ľ	Mailing Address 50 F St. NW, 8th Floor	Δ	10 mount	15	2012
ŀ	City State Zip Code	^	mount		
	Washington DC 20001	Tra	nsaction	n ID : SE.6174	527.93
	Purpose of Expenditure Salaries & Benefits  Category/ Type 001	Office S	Sought:	House Senate	State: TX District: 23
ı	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	FRANCISCO RAUL QUICO CANSECO	Check (	One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2012	ement Fo	or: Primary (specify)	General
Ī	Full Name (Last, First, Middle Initial) of Payee Lisa Turner	D	ate	/ D D /	Y Y Y Y Y
ŀ	Mailing Address 50 F St. NW, 8th Floor		10	15	2012
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	А	mount		
	City State Zip Code				527.94
- 1	Washington DC 20001	Tra	ansaction	n ID : SE.6182	02.10
	Purpose of Expenditure Salaries & Benefits  Category/ Type 001	Office S	Sought:	X House Senate	State: TX District: 23
ı	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
1	PETE GALLEGO	Check (	One:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2012	Other	or: Primary (specify)	General
(	a) SUBTOTAL of Itemized Independent Expenditures	<b>•</b> L		7	1055.87
(	b) SUBTOTAL of Unitemized Independent Expenditures	•		7 7	
(	c) TOTAL Independent Expenditures	•		7 1 7	5641.69
V	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Catherine Duvall [Electronically Filed] Date	M = M 10	/ D		2
	Signature	10	ئا ل	201	